

Tab 7 – Intervention Selection Form Area 6 Bexar

Subpopulation: FMS Men African American Ranking: 9a

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| Name of Intervention | Community Demonstration Project |
| C2 | |
| Risk Behavior(s) | <ul style="list-style-type: none"> • Sex without condoms • Sharing unsterile injection equipment |
| Influencing Factor(s) or FIBs | <ul style="list-style-type: none"> • Self-efficacy Group norms • Peer pressure • Social support • Environmental facilitators (access to condoms and bleach kits) • Intentions • Expected outcomes • Perceived susceptibility • Cultural norms |
| Intended Immediate Outcomes | <p>To increase condom use with main and non-main partners</p> <p>To increase disinfection of injecting equipment</p> |
| Type | Community Level |
| Setting | Street settings, public sex environments, other community venues |
| Is this intervention currently being provided in your planning area? | No |
| Rationale for Selecting this Intervention | Individuals in the intervention communities demonstrated significantly greater achievement of consistent condom use and maintenance of consistent condom use with non-main partners than individuals in the comparison communities. |

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| Name of Intervention | STD and HIV Risk in Heterosexual Adults Attending a Public STD Clinic |
| Risk Behavior(s) | <ul style="list-style-type: none"> • Unprotected sex |
| Influencing Factor(s) or FIBs | <ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Intentions • Communication and negotiation skills • Cultural norms • Expected outcomes • Social support • Relationship development |
| Intended Immediate Outcomes | <p>Goal: To decrease STDs and the number of risky sexual behaviors</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To increase knowledge about the transmission and prevention of HIV/AIDS • To build effective decision-making and communication skills <p>To identify and modify STD/HIV -related risk factors and psychosocial antecedents</p> |
| Type | Individual Level |
| Setting | STD clinic in an urban area |
| Is this intervention currently being provided in your planning area? | No |
| Rationale for Selecting this Intervention: | Participants learn about transmission modes and prevention of HIV/AIDS, assess their personal risk, practice condom-use skills, and develop a risk-reduction plan. They also develop effective communication and self-efficacy skills. |

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| Name of Intervention | Project RESPECT |
| C 11 | |
| Risk Behavior(s) | <ul style="list-style-type: none"> • Sex without condoms |
| Influencing Factor(s) or FIBs | <ul style="list-style-type: none"> • Attitudes • Group norms • Intentions • Self-efficacy • Expected outcomes • Perceived susceptibility |
| Intended Immediate Outcomes | To reduce high risk behaviors and prevent new STDs |
| Type | Individual Level (Prevention Counseling) |
| Setting | STD Clinic |
| Is this intervention currently being provided in your planning area? | No |
| Rationale for Selecting this Intervention: | Participants in both counseling interventions reported significantly higher condom use compared with participants in the comparison condition. Of the counseling participants, 30% fewer had new STDs compared with participants in the didactic message condition. In the counseling interventions, benefits accrued equally to men and women, and STD reduction was higher among adolescents than older participants. |

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Subpopulation: FMS Men African American Ranking: 9a

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| Name of Intervention | Project LIGHT |
| S 5 | |
| Risk Behavior(s) | <ul style="list-style-type: none"> • Unprotected sex |
| Influencing Factor(s) or FIBs | <ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Intentions • Expected outcomes • Communication and negotiation • Relationship development |
| Intended Immediate Outcomes | <p>Goal: To reduce HIV -related sexual risk behavior among low-income women and men served in STD clinics and health service organizations.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To acquire new knowledge and risk reduction skills • To rehearse new behavior patterns • To build group norms to support safer sex efforts <p>To practice new behaviors with a social group of persons with similar life experiences and social demographic backgrounds</p> |
| Type | Group Level Intervention |
| Setting | STD Clinic |
| Is this intervention currently being provided in your planning area? | No |
| Rationale for Selecting this Intervention: | <p>This intervention significantly reduced unprotected intercourse and also significantly increased condom use and increased the percent reporting consistent condom use or abstinence. Intervention participants reported significantly fewer STD symptoms at follow-up, for male STD patients in particular, and the overall population had fewer diagnosed STDs at follow-up.</p> |

Tab 7 – Intervention Selection Form Area 6 Bexar

ALL HMAZs and the LMAZ

Subpopulation: All high priority subpopulations, consistent with CDC Guidance, September 1997

Rankings: Same as the corresponding group in selected HMAZ, LMAZ

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| Name of Intervention | Prevention Case Management (PCM) |
| Risk Behavior(s) | Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners |
| Influencing Factor(s) or FIBs | Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms |
| Intended Immediate Outcomes | Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior. |
| Type | Individual Level Intervention |
| Setting | Community based organization, STD clinics, other locations |
| Currently provided? | No |
| Rationale for selecting intervention: | This intervention should target only high-risk individuals, whether HIV -positive or HIV -negative, with multiple, complex problems and risk-reduction needs. This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals. pcm |

Tab 7 – Intervention Selection Form Area 6 Bexar

ALL HMAZs and the LMAZ

Subpopulation: All BDTPS; all subpopulations; all races, ethnicities and ages
 Rankings: Same as the corresponding group in selected HMAZ, LMAZ

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| Name of Intervention | Prevention Counseling/Partner Elicitation |
| Risk Behavior(s) | Substance use Sex without condoms Multiple partners |
| Influencing Factor(s) or FIBs | Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms |
| Intended Immediate Outcomes | Increase proportion of HIV-infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners |
| Type | Individual Level Intervention |
| Setting | Community based organization, STD clinics, other community-based locations |
| Currently provided? | Yes |
| Rationale for selecting intervention: | <p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's HIV Prevention Strategic Plan Through 2005, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE: 1) Fact Sheet p. 31. Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to</p> |

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| | <p>request condoms, to talk with friends about AIDS, and to get tested for HIV.</p> <p>2) Fact Sheet p. 34 Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women. This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p>pcpe</p> |
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